

## CLAIMS ONLY

Application Number

101663316

Filing Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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42	/					
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45						
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47						
48						
49						
50						
Total Indep	5					
Total Depend	45					
Total Claims	50					
	10					
	60					

51	/					
52		/				
53			/			
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97						
98						
99						
100						
Total Indep	1					
Total Depend	9					
Total Claims	10					